



## DC 30/J-1 Visa Waiver Program



### Government of the District of Columbia Department of Health DC 30/J-1 Visa Waiver Program Guidelines

Effective October 1, 2010

The following are the program guidelines governing the DC 30/J-1 Visa Waiver Program administered by the DC Department of Health (DOH). Under the DC 30/J-1 Visa Waiver Program (the Program), DOH makes recommendations to the US Department of State (State) for waivers of the two-year home-country physical presence requirement associated with the J-1 visa used by international medical graduates (IMGs) during their residencies in the US (US Code 22CFR40.202 and 22CFR41.63). DOH will issue waiver recommendations for IMGs who agree to provide care, for a period of no less than three years, in DC Health Professional Shortage Areas (HPSA), Medically Underserved Areas (MUA) or to otherwise underserved District residents.

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#### I. General

- A. DOH will make recommendations for up to 30 J-1 visa waivers between October 1 of a given calendar year and September 30 of the following calendar year. Waiver recommendations will be made for IMGs who are eligible according to the criteria outlined in [Section II of the Program Guidelines](#).
- B. DOH will reserve twenty of the District's 30 annual waiver recommendations for IMGs who will be practicing at facilities that are located in currently-designated HPSAs or MUAs. Each year, DOH will issue up to 10 "Flex Spot" recommendations for applicants who will be employed at facilities that are not located in HPSAs or MUAs but that serve the District's underserved. To qualify for a Flex Spot, the physician's sponsoring facility must serve a patient population of which at least 30% are Medicaid-insured or of which at least 45% are Medicaid-insured, Alliance-insured and/or charged reduced fees according to an established Sliding Scale Fee Policy\*. Sponsoring facility must provide a report of the facility's insurance payer mix as evidence.



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**\*PLEASE NOTE:** *Sliding Scale Fee is a formal, posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Levels (see: <http://aspe.hhs.gov/POVERTY/>). Bad debt write-offs are not included.*

- C. DOH will reserve up to 10 of its 30 annual recommendations exclusively for primary care physicians practicing in general internal medicine, family medicine, pediatrics, obstetrics/gynecology or geriatrics. The remaining 20 waiver recommendations will be used for both primary care physicians and select physician specialists, with preference given to primary care physicians.
- D. Specialists will be considered for waivers if they practice in areas related to the leading causes of death in the District, which are:
  - 1. Heart disease
  - 2. Cancer
  - 3. Cerebrovascular disease
  - 4. Accidents
  - 5. HIV/AIDS
  - 6. Influenza/pneumonia

Other specialists will be considered based on written letters of support from the sponsoring facility or cognizant medical or government leaders representing the communities to be served that attest to the need for those specialties. Each letter should provide a description of how the presence of the specialist will contribute to improving the health of District residents, the need for the specialist at the sponsoring facility (e.g. utilization and patient disease prevalence statistics), descriptive statistics on the patient population that will be served by the specialist, and a description of any unique qualifications, such as language proficiency, that make the specialist particularly suited to serve the facility's patient population. Eligible specialists will be considered for Flex Spots as long as the criteria outlined in [Section I.B.](#) are met.

## II. Physician Eligibility Requirements

- A. Physician must have been trained in the United States under a valid J-1 visa and must be a graduate of an approved residency program.
- B. Physician must be a general practice primary care physician or a physician specialist as outlined under [Section I.D.](#)
- C. Physician must have a contracted offer of employment from the sponsoring facility.



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- D. Physician must be licensed to practice in the District by the employment start date referenced in the employment contract.

### **III. Physician Participant Requirements**

- A. Participant must provide the Primary Care Bureau (PCB) with a copy of the United States Customs and Immigration Service (USCIS) letter of J-1 visa waiver approval within 45 days of the date on the letter. Participant must begin employment within 90 days of receiving the waiver.
- B. Participant must work at the sponsoring facility a minimum of 40 hours per week (or 80 hours per two weeks) for at least three years. Travel time, hospital rounds and on-call hours cannot be included in the work requirement.
- C. Participant may work part-time if provided written approval from the sponsoring facility and the USCIS. Part-time employment will be calculated to equal a total of 3 years of full-time employment, with the commitment period not to exceed 6 years.
- D. Participant may choose to work additional hours beyond the 40 hours per week waiver commitment either at the sponsoring facility or at another facility so long as the primary employment contract does not restrict the participant's ability to do so. If the participant is employed by another facility for these non-waiver commitment hours, an additional H-1B visa is required.
- E. Documented maternity leave and extended severe illness leave of three months or less will not be added to the total three-year commitment. Leave taken in excess of 3 months will be added to the length of the service commitment.
- F. Participant must notify the PCB in writing in the event of employment termination or practice relocation. Written notification must be provided within 10 days of such an event.
- G. Participant must provide prior written notification to the PCB before any foreseeable change in employment.
- H. In the event of employment termination, the participant must secure - within three months of termination - employment at a substitute facility that meets the eligibility requirements outlined in [Section I.B.](#) The three-year commitment will be subsequently extended by the amount of time during which the participant was not actively providing



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services. A participant who does not find employment within 3 months will be considered noncompliant. A participant who is within 3 months of completing his/her commitment at the time of employment termination may request an early completion by submitting documented evidence of extenuating circumstances.

- I. Participant must enroll in the DC Medicaid and Healthcare Alliance programs within the first 30 days of employment and submit proof to the PCB of enrollment (participant identification numbers) within 90 days of employment. Any participant who is unable to provide such proof must provide a written explanation to be reviewed and approved by the PCB.
- J. Participant must provide semi-annual service verification reports (in October and April) to the PCB for the duration of the three-year commitment (for a total of six submissions). Reporting forms will be provided by the PCB and will gather information on the physician's schedule and - on an annual basis - the physician's patient profile by payer class. Participants agree to provide additional practice information as requested by the PCB.
- K. Participant must participate in all PCB recruitment and retention survey efforts including those that are administered to the physician after completion of his/her three-year service requirement. Accordingly, the participant must provide updated contact information to the PCB at the end of his/her service commitment.
- L. Participant must attend trainings and meetings as scheduled by the PCB, for a maximum of two trainings per year. The PCB will schedule trainings and meetings so as to cause minimal interruption to the physicians' practice schedule.
- M. Participant must not seek legal recourse against any government entity that rescinds a waiver recommendation or revokes a waiver.

### **IV. Sponsoring Facility Requirements**

- A. Facility must ensure the J-1 visa waiver physician works at the facility for a minimum of 40 hours per week (or 80 hours per two weeks) - not including travel time, hospital rounds and on-call hours - for at least three years.
- B. Facility must provide information for the semi-annual service verification reports (in October and April) that must be submitted by the physician to the PCB during his/her three-year waiver commitment. Report forms will be provided by the PCB and will



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request information on the physician's schedule and - on an annual basis - the physician's patient profile by payer class.

- C. Facility must notify the PCB in writing within 10 days of any changes relating to the physician's employment, including but not limited to disciplinary leave, termination, site relocation or site transfer.
- D. Facility must notify the PCB if the contact name, telephone and mailing information for an employer representative changes during the course of the physician's participation in the DC 30/J-1 Visa Waiver Program.
- E. Facility must assist the PCB, as requested, in subsequent HPSA/MUA designation activities by providing DOH with practice information for physicians employed by or affiliated with the facility.

### **V. National Interest Waiver Recommendations**

- A. DOH will provide recommendation letters for National Interest Waivers (NIW) for non-Flex Spot DC 30/J-1 Visa Waiver Program participants who have successfully completed (i.e. complied with all Program requirements) their three-year service commitments and who commit to providing services at their current or other qualifying facility for an additional two years (for a total of five years of service in a District HPSA or MUA). To request a NIW recommendation letter, the physician must submit an application to the Primary Care Bureau containing the following:
  - 1. Letter from lawyer requesting letter of support for NIW;
  - 2. Letter from sponsoring facility in support of NIW;
  - 3. Letter of intent from the physician;
  - 4. Copy of current DC licensure;
  - 5. Evidence that the sponsoring facility for the remainder of the five-year NIW service requirement is located in a HPSA or MUA that is appropriate for the services provided and the populations served; and
  - 6. Copy of signed contract committing to an additional two years of employment with a qualifying sponsoring facility (i.e. located in a HPSA or MUA that is appropriate for the services provided and the populations served).



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B. A Flex Spot participant requesting a NIW recommendation must submit:

1. Items 1-5 of Section V.A. (above); and
2. A contract with a qualifying sponsoring facility (i.e. a facility that is located in a HPSA or MUA that is appropriate for the services provided and the populations served) that covers a minimum of five years of employment.

No part of the Flex Spot participant's J-1 visa waiver service time (i.e. at a facility that is *not* located in a HPSA or MUA that is appropriate for the services provided and the populations served) can be applied towards the five-year service requirement associated with the NIW.

C. A participant requesting a NIW recommendation letter prior to completing his/her DC 30/J-1 Visa Waiver service commitment must submit:

1. Items 1-5 of Section V.A (above); and
2. A contract that demonstrates that the physician will meet the five-year service requirement associated with the NIW.

A physician may apply for a NIW recommendation letter at the time that he/she applies for participation in the DC 30/J-1 Visa Waiver Program by submitting the items listed in this Section (V.C.).

D. A physician who has participated in another state's Conrad-30/J-1 Visa Waiver Program and wishes to be considered for a DC DOH NIW recommendation letter must submit:

1. Items 1-5 of Section V.A. (above);
2. A letter of completion from the J-1 visa waiver state's Primary Care Office; and
3. A contract with a qualifying sponsoring facility within the District for the remaining years of the five-year NIW service requirement.

E. A physician who has not participated in any state Conrad-30/J-1 Visa Waiver Program may request a NIW recommendation letter from the DC DOH by submitting:

1. Items 1-5 of Section V.A (above);
2. Evidence of any periods of full-time service provided at a qualifying sponsoring facility (i.e. located in a HPSA or MUA that is appropriate for the services provided and the populations served); and
3. A contract with a qualifying sponsoring facility within the District for the remaining years of the five-year NIW service requirement.



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- F. DOH reserves the right to deny any requests for a NIW recommendation letter. A written justification for any denial will be provided to the applicant or the applicant's representative.

### **VI. Non-Compliance with Program Guidelines**

- A. In the event that a participant is found to be out of compliance with the participation requirements outlined in [Section III](#), DOH reserves the right to:
1. Notify the USCIS of non-compliance and recommend that the two-year home residency requirement be reinstated;
  2. Deny participant requests for service completion letters; and
  3. Deny requests for letters of support for the physician's NIW application.
- B. In the event that a facility is found to be out of compliance with the participation requirements outlined in [Section IV](#), DOH reserves the right to deny the facility's future requests for a J-1 visa waiver recommendation.



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### **VII. Signatures**

I have read and understand the DC 30/J-1 Visa Waiver Program Guidelines.

\_\_\_\_\_

J-1 Physician Name (Printed)

\_\_\_\_\_

J-1 Physician Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Employing Facility Representative Name (Printed)

\_\_\_\_\_

Employing Facility Representative Signature

\_\_\_\_\_

Date

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public Name (Printed)

\_\_\_\_\_

Notary Public Signature

My Commission Expires: \_\_\_\_\_